

STATE OF MONTANA

FOR BOARD USE ONLY

DEPARTMENT OF LABOR AND INDUSTRY

BOARD OF PERSONNEL APPEALS

CASE NO. _____

PETITION TO INTERVENE

DATE FILED _____

INSTRUCTIONS: Submit an original and three (3) copies of this petition to the BOARD OF PERSONNEL APPEALS, PO BOX 6518, HELENA, MT, 59604-6518. If more space is required for any item, attach additional sheets, numbering items accordingly. **(Print or type in black)**

1.	NAME OF INTERVENOR:	AFFILIATION (if any):
2.	ADDRESS OF INTERVENOR:	TELEPHONE:
3.	NAME OF PETITIONER:	AFFILIATION (if any):
4.	ADDRESS OF PETITIONER:	TELEPHONE:
5.	ADDRESS OF PUBLIC EMPLOYER:	
6.	ADDRESS OF EMPLOYER:	TELEPHONE:

7. The purpose of this petition is to intervene in (check only the appropriate box(es):
A. ☐ Unit Determination Proceedings B. ☐ Decertification Proceedings

8. Description of the unit in question, specifying inclusions and exclusions. (Be complete and specific and use correct job titles)
Inclusions: _____
Exclusions: _____

8a. Approximate number of employees in proposed unit: _____

8b. Is the petition accompanied by 10 percent proof-of-interest? Yes _____ No _____

9. Identify all labor organization(s) known to the Intervenor who claim to represent the employees involved. (If 7b) is checked above, include a statement alleging that the labor organization that has been certified, or is currently being recognized by the employer as bargaining representative no longer represents the interests of the majority of the employees in the unit.)

10. Give the expiration dates and a brief description of existing (or previous) contracts covering any of the employees in question:

11. Briefly state any known disagreement amount the employer, petitioner, or intervenor as to the nature and scope of the proposed unit. (If NONE, write NONE)

12. Any other relevant facts:

DATE: _____ By: _____
Title: _____